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Bib Data Sheet

CONFIRMATION NO. 9007

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 09/844,658 | FILING DATE 04/27/2001 RULE | CLASS 709 | GROUP ART UNIT 2152 | ATTORNEY DOCKET NO. P-8850.00 |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Chester G. Nelson, Plymouth, MN;
 John B. Farr, St. Paul, MN;
 Kevin M. Johnson, St. Paul, MN;
 Charles R. Stomberg, Forest Lake, MN;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/199,967 04/27/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/23/2001

| | | | | | |
|---------------------------------|--|------------------|----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | MN | 4 | 25 | 6 |
| Verified and Acknowledged | Examiner's Signature Initials | | | | |

ADDRESS

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 MS LC340
 710 Medtronic Parkway
 Minneapolis, MN 55432-9924

27581

TITLE

Component architecture for medical device system networks

| | | |
|-----------------------------|---|--|
| FILING FEE RECEIVED 1170 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |